

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/20/2011	
NAME OF PROVIDER OR SUPPLIER VILLAGE OAKS AT GREENWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN46227			
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates April 18, 19, & 20, 2011.</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Survey team: Diane Dierks, RN, TC Patti Allen, BSW</p> <p>Census bed type: Residential: 63 Total: 63</p> <p>Census payor type: Other: 63 Total: 63</p> <p>Sample: 7</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 26, 2011 by Bev Faulkner, RN</p>			R0000	<p>This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0036	<p>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on observation, record review and interview, the facility failed to ensure significant weight loss, changes in condition, bruises, and a skin tear of unknown origin were communicated to the physician and/or families for 2 of 7 residents reviewed in a sample of 7 (Residents # 44 and # 48).</p> <p>Findings included:</p>			R0036	<p>I. Resident #44's physician made visits to the resident twice during the identified time period, 12/14/10 and 3/3/11, and visits are documented in the resident record. Resident's family and physician were notified of significant weight loss for this time period on 5/9/11. Resident #48's physician was notified of the significant weight loss between 3/2011 and 4/2011 on 5/6/2011. Resident's #48's skin discolorations are resolved.</p> <p>II. Resident weights for the memory care neighborhood were reviewed by the Resident Care Director by April 30 2011. Four other residents were affected by the alleged deficient practice. Physicians, families, and dietician were notified. Dietician has schedule a visit for 5/25/11. Skin checks for current residents were completed on 5/10/11 and no other residents were affected.</p> <p>III. Staff will be in-serviced on 5/16/2011 by the RCD on monthly weight policies and procedures, completing the</p>		05/16/2011

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	<p>1. The clinical record for Resident # 44 was reviewed on 4/19/11 at 11:30 a.m. The resident was admitted on 4/13/2008 and currently resides on the Memory Care unit.</p> <p>Diagnoses included, but were not limited to, hypertension, dementia, coronary artery disease, osteoarthritis, chronic obstructive pulmonary disease, left hip fracture and urinary tract infection.</p>		<p>Weight logs monthly, event management including discolorations of unknown origin, family and physician notifications and significant changes in status. IV. The RCD and/or designee will be responsible for sustained compliance. The RCD and/or designee will review memory care weights monthly and appropriate notifications will be made for significant weight changes, and documented in the resident record. The RCD and/or designee will audit the memory care weights monthly for compliance and present audit results to the QA Committee. The RCD and/or designee will review event management reports upon receiving them to identify any injuries of unknown origin and will initiate an investigation upon receiving this information. Injuries of unknown origin will be reported to Indiana State Department of Health as required per regulations. The RCD and/or designee will review 5 records at random on a weekly basis to sustain compliance. The audit results will be presented to the QA committee. The QA committee will determine if continued auditing is necessary based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor at random during routine visits and during the Annual Comprehensive</p>		

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	<p>The facility weight log was reviewed on 4/19/11 and indicated the weights for Resident # 44 were as follows: 1/2011 - 147 pounds, 2/2011 - no weight recorded, 3/2011 - 128 pounds. The log indicated this was a 13% decrease in weight from January to March.</p> <p>A facility policy, titled "Weight Monitoring," and provided by the Executive Director on 4/20/11 at 12:02 p.m., included, but was not limited to the following:</p>				Process Review.		

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	<p>"...Weight Loss...Residents shall be weighed at least monthly to determine whether they have significant weight loss: 5.0% in one month, 7.5% in three months, or 10% in six months...Report significant weight loss to the attending physician and family/responsible party; implement appropriate interventions with physician's recommendations...Mem ory Care only...All residents will be weighed monthly...If</p>						

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	<p>there is more than a 5 pound variance from resident's previous weight, check scale for accuracy and reweigh...Maintain Weight Log as part of resident's record..."</p> <p>Nursing notes from 12/30/2011 through 3/3/11 did not indicate notification of the weight loss to the physician or family.</p> <p>Nursing notes, dated 12/13/10 at 7:00 p.m. indicated, "... the resident was lethargic.</p>						

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	<p>B/P (blood pressure) 88/56...Speech somewhat slurred. CNAs (certified nurse assistants) had to wheel chair backward as resident wouldn't pick her feet up...Hospice stated to put her in bed and they would be out first thing in the morning..."</p> <p>There was no indication in the nursing notes the physician was notified.</p> <p>During an interview with the Resident Care Director on 4/19/11 at</p>						

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	5:15 p.m., she indicated she could find no documentation of interventions or physician notification of the significant weight loss. She stated, "To my knowledge, there is none..." She indicated the dietary log from the Registered Dietician did not indicate any referrals in March, 2011 for weight loss. Regarding the change of condition of Resident # 44 on 12/13/10, the Resident Care Director indicated there was no documentation that the						

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	<p>physician had been notified.</p> <p>2. The clinical record for Resident # 48 was reviewed on 4/19/11 at 09:45 a.m. The resident was admitted on 3/31/06 and currently resides on the Memory Care unit.</p> <p>Diagnoses included, but were not limited to, dementia, anxiety, aspiration risk, hypertension, ischemic vascular disease, hyperlipidemia, osteoporosis and osteoarthritis.</p>						

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	<p>The facility weight log was reviewed on 4/19/11 and indicated the weights of Resident # 48 were as follows: 1/2011 - 143 pounds, 2/2011 - no weight recorded, 3/2011 - 153 pounds, 4/2011 - 131 pounds, with a reweight of 137 pounds, indicating a significant weight loss of 10% from March to April.</p> <p>During an interview with the Resident Care Director on 4/19/11 at 5:10 p.m., she indicated there was no</p>						

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	<p>documentation or physician notification of the significant weight loss for Resident # 48. She indicated she thought the March weight of 153 pounds may have been an error, but no reweight was done. She indicated the Registered Dietician log did not include a weight loss referral for Resident # 48.</p> <p>Nursing notes, dated 1/6/2011 at 9:30 p.m. indicated, "...writer informed of "bruise" in the middle of resident's</p>						

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	<p>chest. Discoloration is about the size of a 1/2 dollar...Nurse notified..."</p> <p>There was no documentation in the nursing notes that indicated the family or physician was notified of this incident.</p> <p>Nursing notes, dated 12/16/10 at 5:00 p.m., indicated, "...RA (Resident Assistant) reported resident has a skin tear on left elbow, applied Bacitracin and put a Band-Aid over skin tear, will continue to monitor..." There was no</p>						

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	<p>documentation in the nursing notes indicating the family or physician was notified of the incident.</p> <p>Nursing notes, dated 11/5/2010 at 9:50 a.m. indicated, "...Hospice CNA informed staff of discoloration on right inner forearm. Upon assessment right inner upper forearm discoloration 7 cm (centimeters) by 4 cm. Red a little yellow dark brown. Also noted right inner lower forearm 4 cm by 7 cm purple with</p>						

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	<p>red inside...."</p> <p>A facility document, titled " Skilled Nursing Facility - Event Management Flow Chart," provided by the ED on 4/20/11 at 12:02 p.m., included but was not limited to, the following:</p> <p>"...Event Investigation is initiated for all incidents that resulted in an Injury of Unknown Origin. DNS (Director of Nursing Services) files report with the Ombudsman and DPH</p>						

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	<p>for Unusual Occurrences within 24 hours of knowledge of the event...DNS gives Event Management Report to Administrator for review and signature...Licensed Staff who Assessed Resident shall notify family & call Physician...Licensed Staff shall continue to evaluate resident for possible change in condition, notify physician and family...."</p> <p>A facility document, titled "Event Management Report,"</p>						

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	<p>reviewed in the presence of the Resident Care Director on 4/20/11 at 4:05 p.m., indicated the physician was notified of the 11/5/2010 incident, but there was no documentation the family was notified. When asked if the incident was reported to Indiana State Department of Health she stated, "I don't think so, but I can't say for sure."</p>						

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R0216	<p>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident 's physical, cognitive, and mental status.</p> <p>(2) The resident 's independence in the activities of daily living.</p> <p>(3) The resident 's weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident 's ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on record review and interview, the facility failed to ensure the weights for 2 of 7 residents were documented in the initial admission evaluation in a sample of 7 (Residents #</p>			R0216	<p>I. Resident #65 no longer resides in the community. Resident #3's weight was obtained and documented in the resident record.</p> <p>II. An complete audit was completed on 5/3/11 to determine no other residents were affected by the alleged deficient practice.</p> <p>III. Staff will be in-serviced on 5/16/11 regarding the protocols for obtaining a</p>		05/06/2011

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	<p>65, # 3).</p> <p>Findings included:</p> <p>1. The clinical record for Resident # 65 was reviewed on 4/20/11 at 5:30 p.m. The resident was admitted on 12/1/10 and transferred to another facility on 2/14/11.</p> <p>Diagnoses included, but were not limited to, thrombocytopenic disorder, impaired cognition, excitement, nightmares, Alzheimer's dementia, deep vein thrombosis, hypertension, and rosacea.</p> <p>The clinical review for Resident # 65 indicated</p>				<p>weight for residents being admitted or re-admitted.</p> <p>IV. The RCD will be responsible for sustained compliance. The RCD and/or designee will complete a record audit for admissions or re-admissions within 72 hours of admission to ensure sustained compliance. Audit results will be presented to the QA committee. The QA committee will determine if continued auditing is necessary based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor at random during routine visits and during the Annual Comprehensive Process Review.</p>		

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	<p>there was no documentation of a recorded admission weight.</p> <p>During an interview with the Residential Care Director, on 4/20/11 at 6:55 p.m., she indicated she could find no documentation of the admission weight for Resident # 65.</p> <p>2. The clinical record for Resident # 3 was reviewed on 4/20/11 at 12:48 p.m. The resident was admitted on 3/19/11.</p> <p>Diagnoses included, but were not limited to, deep vein thrombosis, diabetes</p>						

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NAME OF PROVIDER OR SUPPLIER VILLAGE OAKS AT GREENWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>mellitus, elevated platelets, and hypothyroidism.</p> <p>The clinical record review for Resident # 3 indicated there was no documentation of a recorded admission weight.</p> <p>During an interview with the Residential Care Director on 4/20/11 at 1:00 p.m., she indicated she was not able to locate documentation of the admission weight for Resident # 3.</p>						

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R0243	<p>(3) The individual administering the medication shall document the administration in the individual 's medication and treatment records that indicate the:</p> <p>(A) time;</p> <p>(B) name of medication or treatment;</p> <p>(C) dosage (if applicable); and</p> <p>(D) name or initials of the person administering the drug or treatment.</p> <p>Based on record review and interview, the facility failed to ensure the initials of the nurse administering medication were documented on the Medication Administration Record for 1 of 7 residents in a sample of 7 (Resident # 60).</p> <p>Findings included:</p> <p>The record for Resident # 60 was reviewed on</p>	R0243	<p>I. Resident #60's MAR was reviewed and no other omissions were noted. No negative effects were noted.</p> <p>II. A complete MAR audit was conducted by the RCD on 5/9/11. No other residents were affected by the alleged deficient practice.</p> <p>III. The nursing staff, including LPN's and QMA's, will be in-serviced on 5/16/11 on medication administration practices and standards.</p> <p>IV. The RCD is responsible for sustained compliance. The RCD and/or designee will audit 5 resident records at random on a weekly basis to monitor compliance. The audit results will be presented to the QA committee and the QA committee will determine if continued results need to be presented, based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor at random during routine visits and during the Annual Comprehensive Process Review.</p>	05/16/2011	

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	4/20/11 at 11:30 a.m. Diagnoses included, but were not limited to, dementia, anxiety, confusion, hypertension, osteoarthritis, coronary artery disease, weakness, hyperlipidemia, diabetes mellitus, and gastroesophageal reflux disease. The Medication Administration Record, dated January, 2011, included, but was not limited to, the following dates, which had no initials documented to						

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	<p>indicate medications had been administered.</p> <p>Advair 100-50 Diskus - inhale 1 puff by mouth 2 times a day: 6 a.m. - January 1, 4, 5, 6, 7, 9, 10, 12, 13, 14, 15, and 18.</p> <p>Norvasc 5 milligram tablet - give 1 tablet orally once a day: 5 a.m.: - January 1, 4, 5, 6, 7, 9, 10, 12, 13, 14, 15, 16, 17, 18, 25, and 31.</p> <p>Aspirin 325 milligram tablet - give 1 tablet orally 2 times a day: 5 a.m.: - January 1, 4, 5, 6, 7, 9, 12, 13, 14 and 18.</p>						

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	<p>Carvedilol 12.5 milligram tablet - give 1 tablet orally 2 times a day: 5 a.m. - January 1, 4, 5, 6, 7, 9, 12, 13, 14, 15, and 18.</p> <p>Colace 100 milligram capsule - give 1 capsule orally once a day: 5 a.m. - January 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 22.</p> <p>A policy titled "Medication - Professional Practice Guidelines," dated 9/29/10 and provided by the Resident Care Director on 4/19/11 at</p>						

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	<p>5:53 p.m. included, but was not limited to, the following:</p> <p>"...Documentation that the medication has or has not been administered/assisted will be entered on the Medication Administration/Observation Record...Staff responsible for medication assistance will audit prior shift's MARs to ensure that there are no missed initials or omissions..."</p> <p>In an interview on</p>						

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	4/19/11 at 12:20 p.m., the Resident Care Director indicated that she was not sure which nurse had completed the Medication Administration Record for Resident # 60 in January because she had not been working at the facility during that month. She also indicated that as far as she knew, there was no other documentation available that would indicate if the medications had been administered on the days where no initials had						

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R0247	<p>been recorded or why medications had been held.</p> <p>(7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident.</p> <p>Based on record review and interview, the facility failed to ensure that medications documented as not being given, due to being held, on the Medication Administration Record, contained explanation as to why the medications</p>			R0247	<p>I. Resident #60's MAR was reviewed and no other medications were withheld. No negative effects were noted. Physician notified that the medications were held on 5/12/11.</p> <p>II. A complete MAR audit was conducted by the RCD on 5/9/11. No other residents were affected by the alleged deficient practice.</p> <p>III. The nursing staff, including LPN's and QMA's will be in-serviced on 5/16/11 on medication administration practices and standards, and policies on documentation for refusals or why a medication has</p>		05/16/2011

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	<p>were held and the facility failed to ensure that the physician was notified of held medications for 1 of 7 residents reviewed in a sample of 7 (Resident # 60).</p> <p>Findings included:</p> <p>The record for Resident # 60 was reviewed on 4/20/11 at 11:30 a.m.</p> <p>Diagnoses included, but were not limited to, dementia, anxiety, confusion, hypertension, osteoarthritis, coronary artery disease, weakness, hyperlipidemia, diabetes</p>				<p>not been administered, and physician notification of the same.</p> <p>IV. The RCD is responsible for sustained compliance. The RCD and/or designee will audit 5 resident records at random on a weekly basis to monitor compliance. The audit results will be presented to the QA committee and the QA committee will determine if continued results need to be presented, based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor at random during routine visits and during the Annual Comprehensive Process Review.</p>		

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	<p>mellitus, and gastroesophageal reflux disease.</p> <p>The Medication Administration Record, dated January, 2011, indicated the following medications were not given, due to being held, as documented by circling the administering nurse initials, for the following dates:</p> <p>Pepsid 20 milligram - give 1 tablet orally 2 times a day: 5 a.m. - January 4, 5, 6, 7, 9, 10,</p>						

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	13, 14 and 15. Glipizide 5 milligram - give 1 tablet orally once a day: 5 a.m. - January 4, 5, 6, 7, 9, 10, 13, 14, 15 and 18. Hydrocodone - acetaminophen 5-325 milligrams - give 1 tablet orally 2 times a day: 5 a.m. - January 4, 5, 6, 7, 9, 10, 13, 14, 15 and 18. Lisinopril 20 milligram - give 1 tablet orally once a day: 5 a.m. - January 4, 5, 6, 7, 9, 10, 13, 14, 15 and 18. Claritin 10 milligrams - give 1 tablet orally once a day: 5 a.m. - January 4,						

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	5, 6, 7, 9, 10, 13, 14, 15 and 18. Namenda 10 milligrams - give 1 tablet orally 2 times a day: morning - January 4, 5, 6, 7, 9, 10, 13, 14, 15, 18, 19 and 20. Spiriva 18 microgram CP Handihaler - inhale contents of 1 capsule orally once daily (by taking 2 separate inhalations via handihaler device): 5 a.m. - January 4, 5, 6, 7, 9, 10, 13, 14, 15 and 20. Theragram-M - give 1 tablet orally daily at 5 a.m. - January 4, 5, 6, 7,						

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	<p>9, 10, 13, 14, 15, 18 and 21</p> <p>The Medication Administration Record for the month of January did not indicate why these medications were held.</p> <p>Nursing notes for the month of January did not indicate why medications were held and did not indicate the physician was notified of held medications.</p> <p>A policy titled "Medication -</p>						

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	<p>Professional Practice Guidelines," dated 9/29/10 and provided by the Resident Care Director on 4/19/11 at 5:53 p.m. included, but was not limited to, the following:</p> <p>"...Documentation that the medication has or has not been administered/assisted will be entered on the Medication Administration/Observation Record...Staff responsible for medication assistance will audit prior shift's</p>						

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	<p>MARs to ensure that there are no missed initials or omissions..."</p> <p>In an interview on 4/19/11 at 12:20 p.m., the Resident Care Director indicated she was not sure which nurse had completed the Medication Administration Record for Resident # 60 in January because she had not been working at the facility during that month. She also indicated that as far as she knew, there was no other documentation</p>						

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R0301	<p>available that would indicate if the medications had been administered on the days where no initials had been recorded or why the medications had been held.</p> <p>(5) Labeling of prescription drugs shall include the following: (A) Resident ' s full name. (B) Physician ' s name. (C) Prescription number. (D) Name and strength of the drug. (E) Directions for use. (F) Date of issue and expiration date (when applicable). (G) Name and address of the pharmacy that filled the prescription. If medication is packaged in a unit dose, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted.</p> <p>Based on observation and interview, the</p>			R0301	<p>I. Medications for residents #5, 7, 36, 29, 15 and 24 that did not have date opened documentation were discarded</p>		05/16/2011

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	<p>facility failed to ensure that medications, such as eye drops and eye ointments, were properly labeled with the "first opened" dates and the "do not use after" dates for medications with expiration dates dependant upon the date the medications were opened. This affected 6 of 61 residents' medications that were observed on the facility's 4 medication carts (Residents # 5, # 7, # 36, # 29, # 15, and # 24).</p> <p>Findings included:</p>		<p>and re-ordered. Open dates were placed on the new medications.</p> <p>II. A complete audit of medication carts has been routinely conducted since 4/20/11 and most recently confirmed on 5/12/11 by Kimberly Harper, RCD, and Nancy Golay, LPN. No other residents were affected by the alleged deficient practice.</p> <p>III. The nursing staff, including LPN's and QMA's, will be in-serviced on 5/16/11 on medication administration practices and standards, including documenting the date opened on medications requiring such.</p> <p>IV. The RCD is responsible for sustained compliance. The RCD and/or designee will audit 5 resident records at random on a weekly basis to monitor compliance. The audit results will be presented to the QA committee and the QA Committee will determine if continued results need to be presented, based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor at random during routine visits and during the Annual Comprehensive Process Review.</p>		

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	<p>During observation of medication carts on 4/20/11 at 4:40, and in the presence of LPN # 1 and LPN # 2 the following was observed:</p> <p>Resident # 5: Artificial Tears - no first opened date.</p> <p>Resident # 7: Genteal Gel Drops - no first opened date.</p> <p>Resident # 36: Artificial Tears - no first opened date.</p> <p>Resident # 29: Artificial Tears - no first opened date and no do not use</p>						

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	<p>after date indicated.</p> <p>Resident # 15: Patanol 0.1% eye drops - no first opened date.</p> <p>Resident # 24: Acric-Lube S.O.P. Eye Ointment - no first opened date.</p> <p>A facility policy titled "Medication - Procedures," provided by the Executive Director (ED) on 4/20/11 at 12:02 p.m. included, but was not limited to, the following:</p> <p>"...All medications must be labeled. Medication</p>						

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	<p>should maintained in accordance with label instructions and applicable state and federal regulations. Medication labels shall include: Residents name, Name of medication, Strength of medication, Expiration date...."</p> <p>During an interview with the Resident Care Director on 4/20/11 at 4:40 p.m., she indicated she was not sure if the facility used both "first opened date" labels and "do not use after date indicated" labels on</p>						

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R0302	<p>medications such as, insulin and eye drops.</p> <p>During an interview on 4/20/11 at 5:00 p.m., with LPN # 1, she indicated that medication containers, such as eye drops and insulin, should be labeled with both "date first opened", and "do not use after date indicated."</p> <p>(6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength. Based on observation and interview, the facility failed to ensure that over-the counter medications were properly labeled</p>			R0302	<p>I. Over-the-counter Medications for residents #12, 37, 35 and 62 have been labeled appropriately.</p>		05/16/2011

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	<p>with the resident name and physician name for the over-the counter medications for 4 of 61 residents' medications that were observed on the facility's 4 medication carts (Residents # 12, # 37, # 35, and # 62).</p> <p>Findings included:</p> <p>During observation of medication carts on 4/20/11 beginning at 4:40 p.m., and in the presence of LPN # 1 and LPN # 2, the following was observed:</p> <p>Resident # 12: Nauzene chewables tablets- no resident name, no physician name. Tylenol 325 milligram tablets - no physician name.</p> <p>Resident # 37: Acetaminophen 500 milligram caplets - no physician name.</p> <p>Resident # 35: Tylenol 500 milligram tablets - no physician name.</p> <p>Resident # 62: Diphenhydramine hydrochloride (Equate Allergy Medication) - no physician name.</p> <p>A facility policy titled "Medication - Procedures," provided by the Executive Director (ED) on 4/20/11 at 12:02 p.m. included, but was not limited to, the following:</p> <p>"...All medications must be labeled. Medication should maintained in</p>		<p>II. A complete audit of medication carts has been routinely conducted since 4/20/11 and most recently confirmed on 5/12/11 by Kimberly Harper, RCD, and Nancy Golay, LPN. No other residents were affected by the alleged deficient practice.</p> <p>III. The nursing staff, including LPN's and QMA's, will be in-serviced on 5/16/11 on medication administration practices and standards, including documenting the date opened on medications requiring such.</p> <p>IV. The RCD is responsible for sustained compliance. The RCD and/or designee will audit 5 resident records at random on a weekly basis to monitor compliance. The audit results will be presented to the QA committee and the QA Committee will determine if continued results need to be presented, based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor at random during routine visits and during the Annual Comprehensive Process Review.</p>		

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R0349	<p>accordance with label instructions and applicable state and federal regulations. Medication labels shall include: Residents name, Name of medication, Strength of medication, Expiration date...."</p> <p>During an interview on 4/20/11 at 5:00 p.m., with LPN # 1, she indicated that over-the-counter medication containers should have labels that include resident name, name of drug, instructions and dose.</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure that the resuscitation (code) status of a resident was designated in the clinical record for</p>			R0349	<p>I. Resident #3's record has been reviewed and has a designated resuscitation status.</p> <p>II. A complete record audit is being conducted by the RCD and/or designee to determine if any other residents are affected. Any resident found to be affected will have a designated resuscitation status documented in the record.</p> <p>III. The Staff will be in-serviced on 5/16/11 on obtaining resuscitation status</p>		05/16/2011

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	<p>1 of 7 residents reviewed for emergency information in a sample of 7 residents (Resident # 3).</p> <p>Findings included:</p> <p>The clinical record for Resident # 3 was reviewed on 4/20/11 at 12:48 p.m.</p> <p>Diagnoses for Resident # 3 included, but were not limited to, diabetes mellitus, hypothyroidism, elevated platelets and deep vein thrombosis. The resident</p>		<p>with physician orders upon admission or at any time a resident and/or family determines a change in a resuscitation status, and documenting the resuscitation status in the resident record.</p> <p>IV. The RCD is responsible for sustained compliance. The RCD and/or designee will audit admission records within 72 hours after admission to monitor compliance. The audit results will be presented to the QA Committee and the QA Committee will determine if continued auditing is necessary based on 2 consecutive quarters of sustained compliance. The Regional Team will monitor during routine visits and during the Annual Comprehensive Process Review.</p>		

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	<p>was admitted on 3/19/11.</p> <p>The recapitulated physician order sheet for April, 2011, for Resident # 3 did not include an order for either full resuscitation or no resuscitation (DNR).</p> <p>During an interview with the Resident Care Director on 4/20/11 at 7:08 p.m., she indicated the code status on the recapitulated physician order sheet had been updated on 4/20/11 and it was observed that the "full code" section had</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	been completed with a check mark. She indicated prior to 4/20/11, there was no code status designated on the recapitulated physician order sheet for Resident # 3.						